

**U.S. Bankruptcy Court  
Northern District of Indiana**

In re:

Bankruptcy Case No. **10-34228-hcd****SUDIE MAE LAYNE**

Debtor

Adversary Proceeding No. **11-03032-hcd****JACQUELINE S. HOMANN, TRUSTEE**

Plaintiff

v.

**RALPH MONTY LAYNE**

Defendant

**SUMMONS IN AN ADVERSARY PROCEEDING**

**YOU ARE SUMMONED** and required to file a motion or answer to the complaint which is attached to this summons with the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall file a motion or answer to the complaint within 35 days.

**Address of Clerk**

**CLERK, U.S. Bankruptcy Court  
Northern District of Indiana  
401 South Michigan Street  
South Bend, Indiana 46601**

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

**Name and Address of Plaintiff's Attorney**

**Jacqueline S. Homann  
202 S. Michigan St., 600 Key Bank Bldg.  
P. O. Box 4577  
South Bend, IN 46634-4577**

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

**IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**



Christopher M. Detoro, Clerk Of Court

CERTIFICATE OF SERVICE

I, Jacqueline Sells Homann, certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made. I further certify that the service of this summons and a copy of the complaint was made June 13, 2011 by:

  X   Mail Service: Regular, first class United States mail, postage fully pre-paid, addressed to:

RALPH MONTY LAYNE  
PO BOX 200  
LAKEVILLE, IN 46536

DEBRA VOLTZ-MILLER  
1951 EAST FOX  
SOUTH BEND IN 46613

       Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

Residence Service: By leaving the process with the following adult at:

       Certified Mail Service of an Insured Depository Institution: By sending the process by certified mail address to the following officer of the defendant at:

       Publication: The defendant was served as follows: [Describe briefly]

       State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_, as follows: [Describe briefly]

Under penalty of perjury, I declare that the foregoing is true and correct.

Date: June 13, 2011

/s/ Jacqueline Sells Homann  
Jacqueline Sells Homann  
Jones Obenchain, LLP  
600 KeyBank Building  
202 S. Michigan  
Post Office Box 4577  
South Bend, Indiana 46634-4577  
Telephone: (574) 233-1194  
Email: jshtrustee@jonesobenchain.com